DOCUMENT RESUME

ED 351 647 CG 024 648

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TITLE Development of a Leader's Guide to Community-Based Programs in Health Education and Promotion for Older Adults.
PUB DATE Nov 91
NOTE 7[illegible].; Paper presented at the Annual Meeting of the American Public Health Association (119th, Atlanta, GA, November 10-14, 1991).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Community Education; *Health Education; *Older Adults; *Program Administration; *Program Guides

ABSTRACT

This research sought to provide a protocol to the community program leader in health education for the older adult which could assist identifying specific needs and potential approaches. A protocol was developed for a community program leader's guide in health education and promotion through a series of questionnaires with a group of experts. Utilizing the Delphi method of research, opinions from a panel of experts were elicited and combined to reach a consensus. The panel received a preliminary survey, with five distinct content domains including physical activity, nutrition, health concerns, and safety and stress management. The group was asked to make suggestions on the survey form. The panel reviewed the modified survey and rated each item for its usefulness. The results indicated: (1) the program outline should contain an introduction, program objectives, educational objectives, needs assessment, and learning activities and methods; (2) appropriate content domains and content information for such a guide should include physical activity, nutrition, health concerns, safety, and stress management; (3) all components of the guide are not required; (4) the majority of learning activities and methods were rated as essential; and (5) the proposed protocol should be a practical and usable tool for the community program leader. (ABL)

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"DEVELOPMENT OF A LEADER'S GUIDE TO COMMUNITY-BASED PROGRAMS IN HEALTH EDUCATION AND PROMOTION FOR OLDER ADULTS"

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Presented at the 119th Annual Meeting of the American Public Health Association in Atlanta, GA on November 10-14, 1991

DEVELOPMENT OF A LEADER'S GUIDE TO COMMUNITY-BASED PROGRAMS IN HEALTH EDUCATION AND PROMOTION FOR OLDER ADULTS

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INTRODUCTION

The community program leader is faced with a dilemma when addressing the issues of health education for the older adult. While there is a plethora of available programs on different topics, the decision to use a specific program leader's guide to the numerous existing guides which already identify specific content of health education programs, the rational for them and specific guidelines to meet these needs. This research sought to clarify these issues by providing a protocol to the community program leader which could assist identifying specific needs and potential approaches.

PURPOSE

The primary aim of the proposed research is to assist community program leaders in planning effective programs for older adults by providing specific information about the health education needs and concerns of older adults, and what can and should be done to help prevent or reduce potential and common problems. To

accomplish this purpose, the investigator established the following research questions?

Research Questions

1. What components should be included in a program planning outline which can lead to the development of a protocol for a community leaders guide in gerontological health education?

2. What content domains and content information are priorities for a community leaders guide in gerontological health education?

3. What program objectives, and educational objectives are priorities for a community leaders' program guide in gerontological health education?

4. What learning activities and methods are priorities for a community leaders' program guide in gerontological health education?

METHODS

A protocol was developed for a community program leaders' guide in health education and promotion through a series of questionnaires with a group of experts. Utilizing the Delphi method of research, opinions from a panel of experts were elicited and combined to reach a consensus. The panel received preliminary

survey (Appendix A), with five distinct content domains including physical activity, nutrition, health concerns, and safety and stress management. The group of experts was asked to make suggestions (additions, deletions and revisions) on the survey form (Appendix). The panel reviewed the modified survey and rated each item in the protocol for its usefulness, using a five-position Likert-type scale.

Various methods of data analysis including frequency distributions, central tendencies, dispersions and the range of the measures lead to the final protocol. In order to discern priorities among the 140 variables in the modified form, the items were differentiated using a priority scale. This scale was developed by calculating for each item, the percentage of ratings of "5", (indicating most essential), and determining the overall mean of the percentage. Variables were described as high priority when the individual mean was greater than one standard deviation above the overall mean; a priority if within a standard deviation of the overall mean or unacceptable if greater than one standard deviation below the overall mean.

RESULTS

This study was conducted in order to learn more about what should be included in a protocol for a community program leaders guide for health education and promotion for older adults. Conclusions that may be drawn from this study include the

following:

1) The program outline should contain an introduction, program objectives, educational objectives, needs assessment and learning activities and methods. This may appear to be "common sense" to most reviewers who are familiar with health education for older adult populations. However, amid the plethora of programs, there is an evident lack of a program development in gerontological health education and promotion. This makes it more difficult for the program leader to compare and evaluate different program components.

2) Appropriate content domains and content information for such a guide should include physical activity, nutrition, health concerns, safety and stress management. The content domains were presented to the Delphi panel in the first round of the survey. Although the Delphi panel members were not asked to rate the content domains in the second round of the survey, they endorsed the inclusion of these domains in both rounds since they had ample opportunity to respond otherwise. However, the content domains are not rank ordered and may be expanded to include others in future studies.

3) While this protocol strived for completeness, all components of this guide are not required for a health education and promotion programs for older adults. Rather, it is meant to be used as baseline criteria for planning an developing programs. Other factors which should be considered in order to meet the specific needs of a given community include: socioeconomic profile of older adults and available program resources (i.e. time

limitations staffing and facilities).

The results stemming from the priority rating scale indicate that the majority (78%) of the objectives were accepted as essential (high priority and priority) across the five content domains in the protocol. Among the 18 program objectives listed in this protocol, two (11%) were deemed not acceptable. Among the 29 educational objectives itemized in the protocol, four (14%) were considered not acceptable. A detailed description of all program and educational objectives, which were evaluated by the Delphi panel using the priority rating scale, has already been included under "Results and Discussion"

4) Among the 49 learning activities and methods contained in the protocol, the majority (90%) were rated as essential (high priority and priority). The five (10%) learning activities and methods which were rated as unacceptable by the Delphi panel using the priority rating scale have been discussed in detail in the "Nutrition" and "Health Concerns" domains in the preceding chapter.

5) The proposed protocol, in its present form, should be a practical and usable tool for the community program leader. Using the protocol as a baseline standard of reference, the community program leader should be able to review available health education and promotion programs and evaluate for adaptation or modification. Adaptation or modification for use should entail program planning considerations delineated in the protocol (e.g. content domains, program and educational objectives, learning activities and methods). Using the protocol, the community program leader should be able to plan and develop health education and promotion for

older adult populations. If community goals and resources permit, those interested in creating a new program would be able to use the protocol as a guide for developing important features which should be included.

APPENDIX A

The Development of a Protocol for a Community Program Leader's Guide in Health Education and Promotion for Older Adults

The community program leader is faced with a dilemma when addressing the issues of health education for the older adult. While there is a plethora of available programs on different topics, the decision to use a specific program can be perplexing.

Currently, there is no one program leader's guide to the numerous existing guides which already exist. A protocol is needed to identify fundamental content of health education programs, the rationale for them and specific guidelines to meet these needs.

The purpose of this study is not to rewrite content information, but to clarify these issues by seeking your input on a survey which would gather consensus on what program components, content domains, content information and learning activities are required for overall effectiveness and efficiency of health education for older adults.

For the purposes of this study, five major content domains include: health concerns; nutrition; physical activity; safety; stress management. As you review this survey, please evaluate each program component according to how useful it is in a protocol for gerontological health education and promotion. Circle your response using the five-position rating scale for each of the five sections.

Your participation is entirely voluntary. All of the information which you will provide will be kept anonymous. No names are necessary. When you have completed this survey, please return it in the enclosed self-addressed, stamped envelope.

Thank you for your help.

PLEASE RANK ORDER THE FOLLOWING USING A SCALE OF 1 (PRIMARY) TO 4

YOUR WORKSITE AFFLIATION:
_____ college/school
_____ community (Sr. Ctr)
_____ hospital (affliation with)
_____ government (AAA)
_____ OTHER _____

YOUR JOB ROLE:
_____ educator/teacher
_____ administrator
_____ researcher
_____ counselor
_____ OTHER _____

CONTENT DOMAIN: PHYSICAL ACTIVITY	RATING SCALE				
	ESSENTIAL		USEFUL		NONESSENTIAL
I. Introduction					
Regular exercise may help postpone, manage, and even prevent many of the physical and psychological changes and conditions that were once thought to be inevitable in old age. Good physical conditioning may directly contribute to the quality of life, supporting the independent function of the older senior adult in part due to adequate muscular strength, endurance, range of motion and an enhanced sense of well-being. Improvement in functional stability can be seen as a result of regular physical activity even among those with pre-existing chronic disorders.	5	4	3	2	1
II. Program Objectives					
A. To provide a physical activity program for a minimum of thirty minutes, (three times per week) involving older adults attending the center.	5	4	3	2	1
B. To provide a guide to the older adult (based on individual needs, interests, resources and health status of participants) of important components of an appropriate exercise program including the type, proper body mechanics, intensity, duration, individual heart ratemonitoring, and consideration of individual health needs.	5	4	3	2	1
C. To affect significant change in the behavior of older adults who participate in a physical activity program, i.e. more appropriate exercise habits.	5	4	3	2	1
III. Educational Objectives					
Upon completion of the program, the participants should: A. Have increased awareness/knowledge of the psychological and physiological benefits and reduced fears and misconceptions about regular physical activity.	5	4	3	2	1
B. Be able to describe important movements which should be emphasized by older adult groups (balance shifting, range of motion, torso twisting, stretching and warm-up, strengthening and flexibility, etc.)	5	4	3	2	1
C. Be able to describe general contraindications for exercise (e.g. high impact, focused pressure points, abrupt head movements, fever, infection, etc.).	5	4	3	2	1
D. Have a structured learning opportunities, (demonstration and practice) of proper body mechanics,heart rate monitor ing, various types of exercises, intensity, duration that meet their physical activity needs, limitations and interests.	5	4	3	2	1

IV. Needs Assessment (baseline data)

The purpose of this assessment is to define the needs of the target population as well as providing a baseline measure against which results of the program can be evaluated. This assessment should be modified according to your ability, the target population and available resources , i.e. staff and equipment.

A. Determine the number of senior adults in a particular center, who are interested and would benefit from a physical activity program that you have the capacity to provide.	5	4	3	2	1
B. Among the participating older adults, the provider should consider the following:					
1. Ascertain their current health status regarding prevalence of chronic diseases such as diabetes, atherosclerosis, hypertension, arthritis;	5	4	3	2	1
2. Describe their current health habits, including smoking, alcohol consumption, medication intake and caffeine;	5	4	3	2	1
3. Compile a profile of physical status of targeted adults including: age, blood pressure, heart rate, height and weight, flexibility and strength, % of body fat, mental status;	5	4	3	2	1
4. Identify those with a recent physical examination (has been seen by a physician within the past two years and has had blood pressure, pulse, height and weight, EKG reviewed);	5	4	3	2	1
5. Describe their current exercise program including frequency, duration and intensity during an average week, as well as lifetime exercise history;	5	4	3	2	1
6. Calculate target heart rate, minimum and maximum rates for cardiorespiratory improvement;	5	4	3	2	1
7. Obtain food and beverage diary , 48 hours or 8 days, depending on resources.	5	4	3	2	1
C. Assess available resources in the area, to include current exercise programs, any available equipment, large space for classes, pool facilities, nearby malls with walking facility, instructors, educational material such as pamphlets, handouts , films or videos. Identify available local sources such as: American Heart Association, Arthritis Foundation, YMCA/YWCA, city community centers, city/county parks and recreation departments, area seniors centers, hospital or independent physical therapy departments, speakers bureaus.	5	4	3	2	1

V.. **Learning Activities and Methods**

The purposes of these activities are to meet the physical activity needs and interests of the target population while considering their health status and your available resources.

A.. Lecture Content:

1. Physiological and psychological responses to exercise including positive and negative responses, how exercise affects chronic diseases, benefits of regular exercise, dangers of excessive exercise.	5	4	3	2	1
2. Importance of monitoring progress. Teach how to take a pulse rate for a ten and/or six second count and calculate 60 second rate. Teach how to estimate target heart rate range (60 to 80% depending on condition of adult). Provide opportunity for return demonstration.	5	4	3	2	1
3. Delineate specific components of good exercise program, describing type, intensity, duration.	5	4	3	2	1
4. Discuss personal ways to increase the likelihood of adhering to an exercise routine.	5	4	3	2	1
5. Discuss how to determine a safe level of exercise.	5	4	3	2	1
B. Conduct an exercise program. (Meet the needs of the participants).	5	4	3	2	1
C. Provide opportunities for participant-sponsored physical activities, such as senior-managed walking clubs.	5	4	3	2	1
D. **CRITICAL COMPONENTS** of an exercise program:					
1. **Warm-up** of large muscle groups.	5	4	3	2	1
2. **Flexibility** is essential for maintaining normal range of motion, coordination and agility. Examples include yoga or head to toe stretching using a passive or a slow-static style of stretch.	5	4	3	2	1
3. **Mild aerobic/Endurance training** is essential for maintaining cardiovascular fitness, increased strength, improved cardiac function with reduced heart rate, increased oxygen utilization, decreased body fat and maintenance of appropriate blood lipids. Aerobics may also provide a sense of well being. Examples include: bowling, bicycling, cross country skiing, dancing, fishing, gardening, golfing, jogging, jumping rope, low impact aerobics, racket sports, roller skating, swimming , walking and water exercises. Throughout aerobic exercise, participants should keep his or her heart rate within the target heart zone for 15 to 60 minutes.	5	4	3	2	1

4. **Strength and Toning** is essential for increased muscle strength, improved bone and muscle balance, coordination and improved tone. Examples include isometrics exercises, surgical tubing or weightlifting (only with proper instructions) with attention to muscle groups including pectoral, shoulder and back, arms, abdominal, legs, pelvis and hips.	5	4	3	2	1
5. **Cool down**/relaxation of large muscle groups.	5	4	3	2	1
6. Evaluate results of program by comparing pre and post profile of physical status (see #IV B) or an objective pre- and posttest based on the Education Objectives as listed above.	5	4	3	2	1

RATING SCALE

Content Domain: NUTRITION

	ESSENTIAL		USEFUL		NONESSENTIAL
I. Introduction					
Nutrition is an essential element of good health and supports the quality of life for all age groups. Health experts suggest that poor eating habits may contribute to chronic conditions such as anemia, atherosclerosis, osteoporosis, diabetes, obesity, or vitamin/mineral deficiency. Appropriate dietary changes however, can help reduce the risk factors in many of these chronic conditions. It is important therefore, that individuals learn specifics of a nutritious and well-balanced diet.	5	4	3	2	1
While there is much media attention to nutrition and its effects on health, understanding your nutritional needs and how to improve your nutritional status may be difficult. Dietary requirements change with age. Older adults need to consume sufficient quality calories and nutrients to maintain their maximum performance and perhaps prevent or delay the onset of chronic disease. Meeting these nutritional needs may be complicated by other age-related factors such as reduced activity, dental problems and physical, economic or social changes. A nutrition program for the older adult can incorporate these age-related changes and provide suitable alternatives for the individual to meet their nutrition and caloric requirements.					
II. Program Objectives:					
A. Provide information that will enable participants to make educated choices regarding their diet, understanding the dynamics behind their eating choices and habits.	5	4	3	2	1
B. Encourage positive changes in partiticipating habits, substituting healthier food for less healthy choices.	5	4	3	2	1
C. Support maintenance of positive dietary changes.	5	4	3	2	1
D. Increase understanding of the relationship of nutrition and exercise.	5	4	3	2	1
III. Educational Objectives:					
Upon completion of the program, the participant should:					
A. Be able to describe the four basic food groups, giving examples in their own diet, suitable food exchange, how they would prepare them, (consider needs of endentulous).	5	4	3	2	1

B. Be able to describe the relationship between caloric intake and physical activity to control body weight and fat content.	5	4	3	2	1
C. Be able to identify their nutritional needs and a suitable daily caloric intake for themselves.	5	4	3	2	1
D. Be able to identify essential vitamins and minerals and realistic sources that they can incorporate into their own diet.	5	4	3	2	1

IV. Needs Assessment

The purpose of this assessment is to define the dietary needs of the participants as well as providing a baseline measure against which the program can be evaluated. This assessment should therefore be modified according to program needs, participant needs and limitations, your ability and available resources.

A. Determine the number of senior adults at a particular facility who would benefit from and are interested in participating in a nutrition program.	5	4	3	2	1
B. Compile a profile of physical status of participating adults including: age, blood pressure, heart rate, height and weight, cholesterol, lipid and glucose measures.	5	4	3	2	1
C. Among participating older adults:					
1. Describe their socio-economic status (SES);	5	4	3	2	1
2. Describe their current health status regarding prevalence of chronic diseases such as cardiac, atherosclerosis, hypertension, diabetes,arthritis;	5	4	3	2	1
3. Describe their current nutritional status including usual body weight vs ideal bodyweight, body composition (% fat content if possible), average daily calorie intake;	5	4	3	2	1
4. Obtain a 48 hour (or 8 day) food diary (including beverages) from each senior participating in the program noting type and quantity of servings and people present;	5	4	3	2	1
5. Describe their their current health habits, including smoking, alcohol consumption, medication intake, caffeine, including over the counter medications, vitamins and mineral supplements;	5	4	3	2	1
6. Identify those with regular physical examination has seen a physician within the past two years.	5	4	3	2	1

D. Assess available resources in the area, to include current nutritional programs, meal services for older adults, room for classes, facilities for meal fixing, dietitians /instructors, equipment. Identify available local sources such as: cholesterol or glucose screens,city/county park facilities, recreation department or community senior centers with nutrition programs, hospital-based nutrition programs, meals-on-wheels program, American Heart Association, National Dairy Council, YMCA/YWCA. 5 4 3 2 1

V. Learning Activities and Methods

Presentation of activities may vary from lecture, small focus groups or individual activities

A. Lecture content:

1. Changing energy, protein needs in the older adult, importance of balanced diet, problems of fad/crash diets; 5 4 3 2 1

2. Milk group, importance and food source; 5 4 3 2 1

3. Meat group, importance and food source; 5 4 3 2 1

4. Fruit and vegetable group, importance and food source; 5 4 3 2 1

5. Grain group, importance and food source; 5 4 3 2 1

6. Other groups, to include fats (unsaturated), vitamins, minerals, cholesterol, sodium, fiber and sugar; 5 4 3 2 1

7. Illness and nutrition (e.g. osteoporosis, cancer hypertension, diabetes, heart disease, dental caries, etc); 5 4 3 2 1

8. Effects of drugs and alcohol on nutrition. 5 4 3 2 1

B. Activities:

1. Increase awareness: Maintain a two day food diary. 5 4 3 2 1

2. Managing your eating time: using personal diary, identify eating habits, time of day,frequency, duration of meal, companionship , mood & activities during meals. 5 4 3 2 1

3. Identify energy needs and food choices: identify food groups, identify appropriate target caloric intake and divide among food groups accordingly, identify appropriate water consumption, identify pros and cons of fresh vs. non-perishables. 5 4 3 2 1

4. Lowering calorie intake while maintaining appropriate nutrient intake; using personal diary, identify healthy substitutes (food exchange lists)while considering cultural preferences, assess food preparation skills, identify cues that trigger eating, discuss steps to manage eating behavior.	5	4	3	2	1
5. Improve shopping skills: how to read labels, suggest unfamiliar food for each food group; shopping on a low budget. Consider a shopping trip.	5	4	3	2	1
6. Identify community resources for meals and food. Host a pot-luck dinner, provide sample of wholesome food, encouraging cultural/ethnic preferences with healthy choices.	5	4	3	2	1
7. Discuss healthy cooking tips, modifying recipes, cooking for one or two.	5	4	3	2	1
8. Evaluate results of the program by comparing pre- and post course profile of physical status (see #4 B & C) or an objective pretest and posttest based on the Educational Objectives as listed above.	5	4	3	2	1

Content Domain: Health Concerns

	RATING SCALE				
	ESSENTIAL		**USEFUL**		**NONESSENTIAL**
I. Introduction:					
Health problems of older persons are multifactorial. The prevalence of chronic conditions with associated disability, such as arthritis, heart conditions or visual and hearing impairments are rising while the death rate for these conditions continues to fall. Utilization of health services is greater among older adults (65 yrs+); they use hospitals at a rate 2.8 times that of younger persons. More effective health management focuses on the need for educated self care, maintenance of health, early detection of risk factors to postpone functional decline, more efficient treatment, rehabilitation, management and acceptance of realistic limitations.	5	4	3	2	1
II. Program Objectives:					
A. Provide useful information that will enable participants to make educated decisions about their health care needs.	5	4	3	2	1
B. Encourage positive changes in participants life style habits regarding tobacco, drug and alcohol use, proper prescription drug use, exercise, nutrition or stress management.	5	4	3	2	1
C. Identify specific risk factors in the population of participation older adults.	5	4	3	2	1
D. Provide a useful process that participants can practice in learning to take control and assume responsibility of their health care.	5	4	3	2	1
III. Educational Objectives:					
Upon completion of this program, the participants should:					
A. Understand normal "age" changes vs. pathological conditions which require medical attention.	5	4	3	2	1
B. Understand the importance of self-responsibility for health, care of minor illnesses and injuries, discussing problems with health professionals and keeping medical records.	5	4	3	2	1
C. Have increased awareness/knowledge of the relationship of responsible drinking to health.	5	4	3	2	1
D. Have increased awareness/knowledge of the relationship of smoking to health.	5	4	3	2	1
E. Have a structured learning opportunity to participate in various behavioral approaches to smoking cessation and responsible use of alcohol and other drugs.	5	4	3	2	1

F. Be able to describe where to look for and how to read the information that is included with the over-the-counter drugs and potential interaction of multiple drug use.	5	4	3	2	1
G. Understand the role of prescription drugs in maintaining health, how to interpret label directions and what to ask the prescribing physician about the prescription and its effects.	5	4	3	2	1
H. Be able to discuss the importance of early screening for health conditions such as cancer, diabetes, heart disease, hypertension or glaucoma.	5	4	3	2	1
I. Understand the psychological underpinnings reinforcing engagement in behaviors which pose health risks.	5	4	3	2	1
J. Be knowledgeable about how to be a smart consumer, when to seek medical assistance, how to get the most out of every doctors visit and what questions to ask the health professional.	5	4	3	2	1
K. Understand what puts a community dwelling older adult at risk for hospitalization or institutionalization.	5	4	3	2	1

IV. Needs Assessment:

The purpose of this assessment is to define the needs of the target population as well as providing a baseline measure against which results of the program can be evaluated . It should be modified according to your abilities, the target population, available resources, staff and equipment.

A. Determine the number of senior adults at your center who are interested and can benefit from a health concern program.	5	4	3	2	1
B. Determine the areas of health concerns which are generally theweakest for this specific group of older adult, what they know and don't know, and the incidence and prevalence of these health concerns.	5	4	3	2	1

V. Learning Activities and Methods

Presentation of activities may vary from lecture, small focus groups or individual activities.

A. Lecture content:

1. Chemical Dependencies: -Alcohol use -Cigarette smoking	5	4	3	2	1

2. Medical Problems -chronic diseases: arthritis, hypertension, heart disease, cancer, diabetes. -impaired senses: vision, hearing. - poor dentition -decreased mobility, poor foot care. -incontinence.	5	4	3	2	1
3. Medications -altered response -metabolism, interactions -inappropriate self medication -over the counter medication -how to store medication -how to recognize medication side effect -danger of over medicating -danger of numerous prescriptions from multiple physicians -drug abuse -overdosing emergency procedures.	5	4	3	2	1
4. Appropriate use of the health care system;	5	4	3	2	1
5. Aging vs illness.	5	4	3	2	1

B. Activities

1. Obtain list of all available community health screenings for: cancer, diabetes, hypertension, hypercholesterol, glaucoma, cataracts.	5	4	3	2	1
2. Compile personal drug regime: list of all current medications, including OTC meds, schedule of medication, purpose and specific instruction for all. Note any medication allergies and type of reaction. Include a reminder: BRING THIS LIST TO ALL PHYSICIAN VISITS!	5	4	3	2	1
3. Role play: physician and client, pharmacist and client, sick friend and the older adult, differences between aging vs. illness, appropriate use of the health care system, what to bring to your appointment.	5	4	3	2	1
4. Evaluate results of the program by comparing an objective pretest and posttest based on the Educational Objectives, as listed above.	5	4	3	2	1

Content Domain: Safety

RATING SCALE

	ESSENTIAL		USEFUL		NONESSENTIAL
I. Introduction:					
Accidental injury is a major problem for older adults, most commonly cause by falls, driver/pedestrian accidents and burns. While fatalities from all accidents are estimated annual at 24,100 for the older adult, the elderly account for 70% of deaths resulting from falls (National Safety Council, 1987). Many personal injuries can usually be prevented through increased awareness of potential hazards, both personal and environmental and a few simple strategies to eliminate these hazards from your environment. Significant underlying physical and psychological conditions contributing to accident rates on the older adult include: muscle weakness, impaired coordination, osteoporosis, loss of confidence, sensory alterations (hearing and visual difficulties), slower mobility and reaction time, mental changes. Environmental causes supporting accidents include: inattention to safety hazards, poor lighting, lack of safety features and substandard living conditions related to poverty. A safety program for older adults can incorporate these age related changes and environmental conditions while providing suitable strategies to reduce the hazards of these conditions.	5	4	3	2	1
II. Program Objectives:					
A. Provide information that will enable participants to make changes in their activities of daily living to improve their safety.	5	4	3	2	1
B. Provide information that will enable participants to make changes in their environment to improve their safety.	5	4	3	2	1
III. Educational Objectives:					
Upon completion of this program, the participant should:					
A. Understand potential age-related changes in health: decreased acuity of the senses, slower reaction time, slowness in mobility, mental changes, how these changes support accidents and how one can compensate for these changes.	5	4	3	2	1
B. Understand potential environmental causes supporting home health hazards: -**falls** due to loose rugs & wires, poor lighting, slippery floors, poor balance, improper use of ladders, alcohol or drug misuse. -**fire/burns** due to loose clothing when cooking, faulty wiring, overloaded electrical outlets, lack/faulty smoke alarms, poor ventilation, smoking in bed, improper use of space heaters, alcohol or drug misuse.	5	4	3	2	1

C. To understand what can be done to reduce the likelihood of **auto accidents**.	5	4	3	2	1
D. To understand what can be done to improve personal and home security.	5	4	3	2	1
E. To be able to describe the effect of drugs or alcohol in accidents and fires.	5	4	3	2	1

IV. Needs Assessment: (baseline data)

The purpose of this assessment is to define the needs of the target population as well as providing baseline data from which results of the program can be evaluated. This assessment should be modified according to your ability, the target population and available resources, staff and equipment.

A. Determine the number of senior adults which can benefit from and are interested in a safety program at your facility.	5	4	3	2	1
B. Determine the types of accidents which are the most frequent cause of injury in your community.	5	4	3	2	1
C. Among participating older adults (using self-reports, questionnaires or discussion) :					
1.Assess their current living arrangements identifying potential home health hazards: slippery floors, loose rugs, poor lighting, faulty wiring, placement of gas lines, cluttered hallways, stairs, lack/faulty smoke alarms, poor ventilation.	5	4	3	2	1
2. Assess urban safety concerns, driving safety, vehicular safety, walking paths, visual difficulties.	5	4	3	2	1
3. Determine the type of injury related accident that occurs most frequently among this group.	5	4	3	2	1

V. Learning Activities and Methods

Presentation of activities may vary from lecture, small focus group or individual activities.

A. Lecture content:					
1.Age changes as causes of accidents, ways to cope with changes to increase safety.	5	4	3	2	1
2.Home assessment: hazards-lighting, wires, floor coverings-uneven plane or slippery, stairs, water temperature in the kitchen and bathrooms. Smoke detectors: availability, working conditions, placement. Kitchen conveniences-reachability of equipment, cabinets too high or low, etc. Clothing safety-especially shoe styles that may be slippery or "grabbing" on floor coverings.	5	4	3	2	1

3. Protective safety tips to include proper clothing while cooking, use of space heaters, storage of cleaning chemicals and materials in the home or garage.	5	4	3	2	1
4. Effect of psychoactive drugs in machine operated tasks, driver/pedestrian and home safety.	5	4	3	2	1
5. Driving safety to include safety belt use and air bags.	5	4	3	2	1
6. Pedestrian safety.	5	4	3	2	1
7. Personal and home safety and security.	5	4	3	2	1
8. Protection against hypothermia and hyperthermia.	5	4	3	2	1
9. How to do in emergency situations, give first aid, CPR, Hymliech maneuver, etc. -guest speakers from the fire/ police departments, local utility companies, American Red Cross, or AARP or AAA.	5	4	3	2	1
B. Obtain a list of available driving safety courses through AARP or AAA.	5	4	3	2	1
C. Improvement programs:					
1. Fire safety,	5	4	3	2	1
2. Exercise programs for strength and balance,	5	4	3	2	1
3. Paint partnership/home improvement programs,	5	4	3	2	1
4. Subsidized/alternative housing opportunities,	5	4	3	2	1
5. Self defense.	5	4	3	2	1
6. Defensive driving course.	5	4	3	2	1
D. Evaluate results of the program by comparing pre- and post course profile of physical status (see IV, A & C) or an objective pretest and posttest based on the Educational Objectives as listed above.	5	4	3	2	1

Content Domain: **STRESS MANAGEMENT**

	RATING SCALE				
	ESSENTIAL		**USEFUL**		**NONESSENTIAL**
I. Introduction					
While older adults do not necessarily face greater stress than younger adults, aging may alter their physical and mental resources and therefore their abilities to adjust to both positive and negative changes in their life. Life changes that increase in frequency with aging include relocation, bereavement, retirement and the onset or worsening of chronic illnesses. By understanding the dynamics of stress and stress management, the older adult may learn methods of recognizing and managing new stressors while achieving a greater sense of control over his or her life and environment.	5	4	3	2	1
II. Program Objectives					
A. To initiate effective stress reduction skills for older adults involved at a particular center.	5	4	3	2	1
B. To sustain effective stress reduction strategies for older adults involved at a particular center.	5	4	3	2	1
C. To predispose older adult with skills to recognize signs of stress and various ways to prevent, reduce, manage and eliminate it.	5	4	3	2	1
D. To elicit significant change in the attitudes of older adults who participate in the stress management program, i. e. increased awareness of responsibility of one's own health, increased awareness of specific stress factors that affect their lives, and increased awareness of appropriate methods to handle certain stress in their lives.	5	4	3	2	1
E. To learn to use the relaxation technique at appropriate times in the course of activities of daily living (ADL).	5	4	3	2	1
III. Educational Objectives:					
Upon completion of the program, the participant should:					
A. Have increased awareness/knowledge of potential stressors particular to aging and individual responses (physiological and psychological) and available resources (Medicare, state programs, etc.) to different stressors.	5	4	3	2	1
B. Have structured learning opportunities to learn to focus on their own stress, identify signs and symptoms of stress and its causes and how they respond to these stressors.	5	4	3	2	1

C. Be able to describe the relationship between stress, diet (caffeine, alcohol, etc) and exercise (physical activity). 5 4 3 2 1

D. Be able to describe four effective coping methods to reduce stress. 5 4 3 2 1

E. Have structured learning opportunities, (demonstration and practice of various approaches) to take steps to control stress by developing suitable coping skills. 5 4 3 2 1

IV. **Needs Assessment:**

The purpose of this assessment is to define the needs of the target population as well as providing a baseline measure against which results of the assessment. It should be modified according to your ability, the target population, available resources, staff and equipment.

A. Determine the number of senior adults, who can benefit from and are willing to participate in a stress reduction program at your center. 5 4 3 2 1

B. Determine current community activities available to this population which helps the individual deal with stress. 5 4 3 2 1

C. Among those potential older adults:
It is important to recognize the need for confidentiality and assess the usefulness of collecting this information. It may be important to employ one-to-one private interviews.

1. Describe their current objective stressors, (noting social, physical or economic changes within the past two years) and the usual response. For example: **social** - living arrangements, marital status and social support system, children, friends, significant others, social deprivation, overload, anxiety reactivity, frustration, etc; **physical** health - independence in ADL, mobility; **financial** stability - independence, ability to pay monthly bills. 5 4 3 2 1

2. Describe their current subjective stressors: what really bothers them, perceived emotional wellbeing, depression levels, isolation, nonsituational stressors, (i.e. regrets over the past, pressure to achieve, etc) and their routines for dealing with them. 5 4 3 2 1

3. Describe how they cope with stress. 5 4 3 2 1

V. Learning Activities and Methods

Presentation of activities may vary from lecture, small focus group or individual activities.

A. Increase awareness of one's own stress: have the individual identify areas of greatest risk and build on areas of least risk. (Consider using Life Event Inventory, health assessment, or list potential stressors).	5	4	3	2	1
B. Role play, identify sources of stress, main areas: physical, emotional, mental and self-destructive habits.	5	4	3	2	1
C. Teach through demonstration (practice techniques and receive return demonstrations) behaviors which reduces stress: problem solving skills, seeking help from available resources for certain types of problems, time management, humor, assertiveness training, affective communication, relaxation techniques (records or tapes): deep breathing, progresive muscle relaxation, deep body massage, imagery and visualization, yoga, meditation; regular exercise, a balanced diet, pursuit of hobbies.	5	4	3	2	1
D. Using small peer group for discussion format, suggest hypothetical case studies of older adults in stress situations and elicit potential methods of reacting to stressors. Discuss appropriate and inappropriate methods of controlling stress.	5	4	3	2	1
E. Evaluate results of the program by comparing an objective pretest and posttest based on the Educational Objectives as listed above.	5	4	3	2	1